

**DEPARTMENT OF HEALTH SERVICES****MEDI-CAL BENEFITS BRANCH****MEDI-CAL POLICY DIVISION****714 P Street, Room 1640****P.O. Box 942732****Sacramento, CA 94234-7320****(916) 657-1460**

TO: Local Educational Consortia (LECs) and  
Local Governmental Agencies (LGAs)  
Medi-Cal Administrative Activities (MAA) and  
Targeted Case Management (TCM) Coordinators

**PPL NO. 01-009**

**SUBJECT: NOTIFICATION OF TIME SURVEY MONTH FOR FISCAL YEAR 2001-2002**

This Policy and Procedure Letter (PPL) notifies all LECs and LGAs participating in the TCM and/or MAA programs for the Fiscal Year (FY) 2001-2002 of the designated time survey month(s). The LGA Consortium Co-Chairs and the LGA MAA/TCM Consultant will provide Time Survey Training in July 2001 in Northern California and August 2001 in Southern California. Upon request of the LGA/LEC, the Department of Health Services (DHS) would provide subsequent time survey training.

The LGAs and LECs participating in the TCM and/or MAA programs have the option of conducting the annual time survey during either the month of September or October 2001. For TCM, the time survey results are used to prepare the TCM cost report and determine TCM reimbursement rate. For MAA, the time survey results are used to determine the percentage of time spent on allowable MAA.

For MAA only, the enclosed Time Survey Request Form should be completed and submitted by the LGA or LEC designating the month in which each claiming unit will conduct their annual time survey for FY 2001-2002. Please submit one form per claiming unit. However, when requesting five or more claiming units to time survey during the same month, one form may be submitted with the statement "See attached" on the Claiming Unit Name line and with an attached list of claiming units. This form should also be used to request approval from DHS to conduct a subsequent MAA time survey during the fiscal year. Failure to obtain prior DHS approval of a time survey may result in a denial and return of MAA invoices.

The Time Survey Request Form must be submitted to DHS 30 days prior to the month that the time survey will be performed, and be sent to the address shown below:

Department of Health Services  
Administrative Claiming Operations Unit  
Attention: Ms. Georgia Rivers  
714 P Street, Room 1640  
P.O. Box 942732  
Sacramento, CA 95814

Local Educational Consortia (LECs) and  
Local Governmental Agencies (LGAs)  
Medi-Cal Administrative Activities MAA and  
Targeted Case Management (TCM) Coordinator  
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The MAA Time Survey and the Time Survey Request Form are not required if claiming units are only direct charging costs. The MAA Claiming Plan must indicate the costs being direct charged.

The federal Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration), Region IX, has proposed that all schools claiming MAA begin to time survey one week out of each quarter. This is currently under consideration.

If you have any questions concerning this PPL, please contact Ms. Georgia Rivers, Chief of the Administrative Claiming Operations Unit, at (916) 657-0627 or by e-mail at [grivers2@dhs.ca.gov](mailto:grivers2@dhs.ca.gov).

Sincerely,

**Original Signed by P. Morrison**

Patricia L. Morrison, Chief  
Administrative Claiming and Support Section

Enclosure

cc: Ms. Cathleen Gentry  
Local Governmental Agency  
MAA/TCM Consultant  
455 Pine Avenue  
Half Moon Bay, CA 94019

Mr. Larry Lee  
Accountant  
Division of Medicaid  
801 I Street, Room 210  
Sacramento, CA 95814

DEPARTMENT OF HEALTH SERVICES  
TIME SURVEY REQUEST FORM

**SUBMIT ONE FORM PER CLAIMING UNIT\***

\_\_\_\_\_  
LGA or LEC

\_\_\_\_\_  
Claiming Unit Name (as it appears in the Claiming Plan)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Return to:

Department of Health Services  
Administrative Claiming Operations Unit  
714 P Street, Room 1640  
P.O. Box 942732  
Sacramento, CA 94234-7320

The Local Governmental Agency or Local Education Consortium identified above request approval from the Department of Health Services (DHS) to conduct a time survey for Medi-Cal Administrative Activities for fiscal year \_\_\_\_\_ during the month of \_\_\_\_\_ (Month) \_\_\_\_\_ (Year).

We understand that the process of this time survey must meet the same criteria as the time survey period designated by the DHS. Results from this time survey shall be in effect from the first day of the calendar quarter in the time survey is conducted, and shall remain in effect until superseded by a subsequent time survey conducted during the fiscal year.

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved by DHS \_\_\_\_\_

Denied by DHS \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\*However, when requesting five or more claiming units to time survey during the same month, one form may be submitted with the statement "See attached" on the Claiming Unit Name line and with an attached list of claiming units.